

# Land Use Petition

2018.157

Project Number: ~~handout~~

## Subject Property Information

Address/Location: 319 High Street

Parcel Number(s): 15-22-285-002

## Petition Request(s)

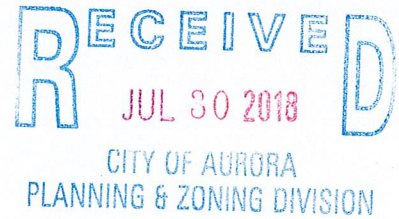
Requesting to downzone the property at 319 High Street from R-4 Two Family Dwelling District to R-3 One Family Dwelling District

## Attachments Required

(a CD of digital files of all documents are also required)

One Paper:  
Legal Description  
Or Plat of Survey

ATTACHED.



## Petition Fee: \$0.00 (Payable to The City of Aurora)

I hereby affirm that I have full legal capacity to authorize the filing of this Petition and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The Authorized Signatory invites City representatives to make all reasonable inspections and investigations of the subject property during the period of processing this Petition.

\*The Subject Property Owner must sign this form unless the Contact Person has been authorized to do so per a letter that is attached hereto. If Signator is NOT the Subject Property Owner a Letter of Aurhorization with owner's Name and contact information is required.

Authorized Signature: X Robert M. Aloisio Date 7/30/18

Print Name and Company: X ROBERT M. ALOISIO

I, the undersigned, a Notary Public in and for the said County and State aforesaid do hereby certify that the authorized signer is personally known to me to be the same person whose name is subscribed to the foregoing instrument and that said person signed sealed and delivered the above petition as a free and voluntary act for the uses and purposes set forth.

Given under my hand and notary seal this 30 day of July 2018

State of Illinois)

County of Kane) SS

Sharon M. Burden  
Notary Signature



DOCUMENT PREPARED BY:

Seng Patthana

OLD SECOND NATIONAL BANK

Loan Servicing  
37 S River Street  
Aurora, IL 60506



2017K051134  
SANDY WEGMAN  
RECORDER - KANE COUNTY, IL

RECORDED: 9/28/2017 03:14 PM  
REC FEE: 48.00 RHSPS FEE: 9.00  
PAGES: 2

Return To:

Robert M. Aloisio  
Caroline H. Aloisio  
319 High St  
Aurora, IL 60505-2739

### RELEASE OF MORTGAGE

Know all Men by These Presents Old Second National Bank, a banking corporation having its place of business at Aurora, Kane County, Illinois, for and in consideration of One Dollar, to it in hand paid, and for other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby grant, bargain, remise, convey, release and quit-claim unto ROBERT M. ALOISIO AND CAROLINE ALOISIO, County of KANE State of Illinois, all the right, title, interest, claim or demand whatsoever it may have acquired in, through or by certain mortgage, bearing date the 30TH day of MAY, 2008, recorded in the Recorder's office of KANE County and State of Illinois in book    of    on page    as document No. 2008K048125 and to the premises therein described and which said mortgage was made to secure a certain principal promissory note described in said mortgage bearing even date with said mortgage, for the principal sum of FIFTY THOUSAND and 00/100 dollars, said note having been fully paid and canceled.

In Witness Whereof, the said Old Second National Bank has caused these presents to be executed by its duly authorized officers, this 1ST day of SEPTEMBER A.D. 2017.

OLD SECOND NATIONAL BANK

By: [Signature]  
APRIL DENHAM, Loan Servicing Leader

Attest:  
By: [Signature]  
JULIE MEYER, Loan Servicing Supervisor

Loan # 72015672

Property Address: 319 HIGH ST, AURORA, IL 60505

Pin: 15-22-285-002

**Legal Description: THE NORTHERLY 15.25 FEET OF LOT 5 AND ALL OF LOT 6 IN BLOCK 6 OF WHITWOODS ADDITION TO AURORA, IN THE CITY OF AURORA, KANE COUNTY, ILLINOIS.**

KANE COUNTY CLERK REGISTRAR  
GENEVA, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0007981

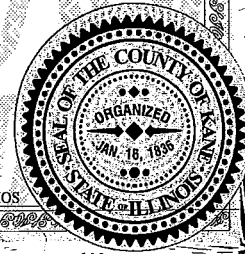
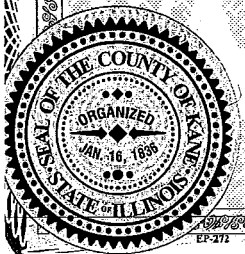
DATE ISSUED 1/31/17

DECEDENT'S LEGAL NAME <b>CAROLINE H ALOISIO</b>			SEX <b>FEMALE</b>	DATE OF DEATH <b>JANUARY 25, 2017</b>	
COUNTY OF DEATH <b>KANE</b>		AGE AT LAST BIRTHDAY <b>66 YEARS</b>	DATE OF BIRTH <b>JUNE 01, 1950</b>		
CITY OR TOWN <b>AURORA</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>PRESENCE MERCY CENTER</b>			
PLACE OF DEATH <b>INPATIENT</b>					
BIRTHPLACE <b>AURORA, IL</b>	SOCIAL SECURITY NUMBER <b>321-44-2081</b>	STATUS AT TIME OF DEATH <b>MARRIED</b>		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME <b>ROBERT ALOISIO</b>	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>319 HIGH STREET</b>		APT. NO.	CITY OR TOWN <b>AURORA</b>		INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>KANE</b>	STATE <b>IL</b>	ZIP CODE <b>60505</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>SYLVESTER LATINO</b>		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>RUTH JONES</b>
INFORMANT'S NAME <b>ROBERT ALOISIO</b>		RELATIONSHIP <b>HUSBAND</b>		MAILING ADDRESS <b>319 HIGH STREET, AURORA, IL, 60505</b>	
METHOD OF DISPOSITION <b>BURIAL</b>		PLACE OF DISPOSITION <b>ST JOSEPH CEMETERY</b>		LOCATION - CITY OR TOWN AND STATE <b>AURORA, IL</b>	DATE OF DISPOSITION <b>JANUARY 31, 2017</b>
FUNERAL HOME <b>THE DALEIDEN MORTUARY, 220 N. LAKE STREET, AURORA, IL, 60506</b>					
FUNERAL DIRECTOR'S NAME <b>JONATHAN ANTHONY ACOSTA</b>				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034016577</b>	
LOCAL REGISTRAR'S NAME <b>JOHN ANDREW CUNNINGHAM</b>				DATE FILED WITH LOCAL REGISTRAR <b>JANUARY 31, 2017</b>	
CAUSE OF DEATH					
PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>METASTATIC NON SMALL CELL LUNG CANCER</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	<b>2 MONTHS</b>
		b. <b>ACUTE RESPIRATORY FAILURE</b>			<b>1 WEEKS</b>
		c. _____			
Due to (or as a consequence of):					
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.					
				WAS AN AUTOPSY PERFORMED? <b>NO</b>	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>				MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? <b>YES</b>	DATE LAST SEEN ALIVE <b>JANUARY 25, 2017</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>03:35 PM</b>	
CERTIFIER <b>PHYSICIAN</b>				DATE CERTIFIED <b>JANUARY 30, 2017</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>ALICE B DANIELE, 2195 W DIEHL ROAD, NAPERVILLE, IL, 60563</b>				PHYSICIAN'S LICENSE NUMBER <b>036069346</b>	

215495

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*John A. Cunningham*  
John A. Cunningham  
Kane County Clerk and Registrar



15-99210S